

Battey (R)

# IODIZED PHENOL:

A NEW UTERINE

## ESCHAROTIC AND ALTERATIVE.



BY ROBERT BATTEY, M. D.

ROME, GEORGIA.



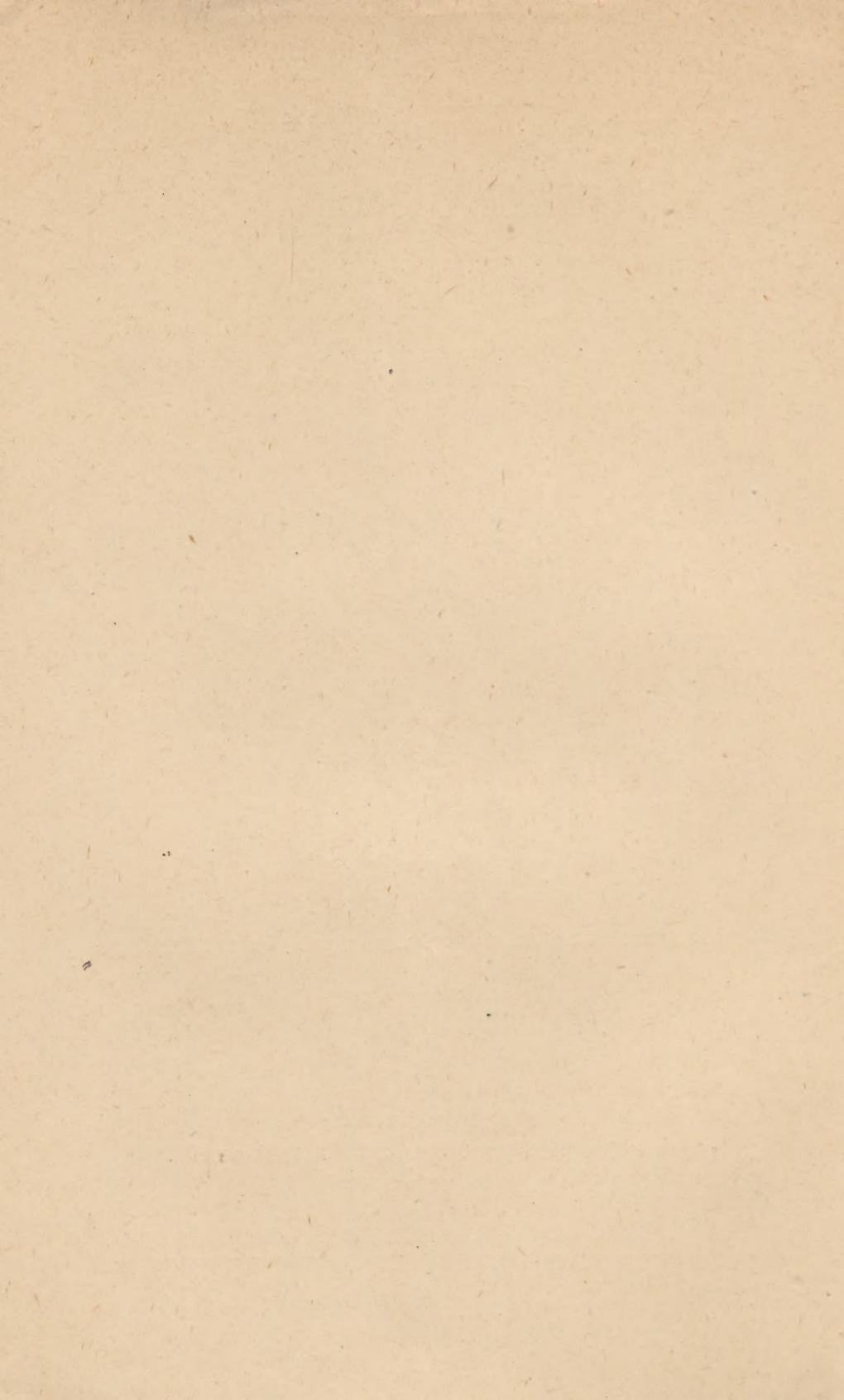
REPRINTED FROM AMERICAN PRACTITIONER, FEBRUARY, 1877.

---

INDIANAPOLIS:

JOURNAL COMPANY, PRINTERS AND STATIONERS.

1877.



## IODIZED PHENOL:

A NEW

### UTERINE ESCHAROTIC AND ALTERATIVE.

---

*Recipe No. I.*—Take of iodine, one-half ounce; crystallized carbolic acid, one ounce. Mix, and combine the two by gentle heat.

Several years ago the writer, feeling the need of a combination which should possess not only the properties of a local escharotic, but those of a local and at the same time general alterative also, devised the above formula. The subsequent use of it has proven so satisfactory, and so many and varied forms of its application in uterine disorders have suggested themselves, and especially so favorable has been the report of gynecological friends to whom the formula has been communicated, and who have largely tested its claims, it seems proper that it should now be put before the profession as a promising addition to our armamentarium.

When the iodized phenol has been applied to the cancerous uterus it has attacked the morbid growth with a good degree of energy, destroying the superficial layers very satisfactorily. The applications have not been at all painful when the sound parts have been carefully protected. Hemorrhage has been arrested very promptly, and during the continuance of the remedy has not returned. The fetor of the discharges has been most markedly diminished, and pain considerably allayed. So variable is the course of uterine cancer, it is difficult to determine the power of any remedy to retard its progress; but there is reason to believe that this method of treatment is possessed of some degree of potency in that direction.

The application to the cancerous surfaces is made upon lint or cotton, saturated with the remedy, and surmounted by a

cotton tampon to protect the sound parts. A rather free serous discharge from the diseased surfaces usually occurs promptly after the contact of the iodized phenol, and combining with it would run down upon the healthy tissues if not restrained by a suitable absorbent. The application may be repeated in four to seven days, according to the energy of the proposed treatment. When it is desired to get rid of much fungous growth, the deadened tissue is removed by the curette, and another application made without waiting for the separation of the slough. If it be wished to mitigate the escharotic, it may be diluted with glycerine to any desired degree. In cool weather, it is necessary to warm the preparation to render it liquid for convenient saturation of the dressing. By the sacrifice of a little of its energy, it may be rendered permanently liquid by the addition of a teaspoonful or two of water to the formula.

*Recipe No. II.*—Take iodized phenol, one and a half ounce; crystallized carbolic acid, one ounce; water, two drachms. Mix and make solution.

This preparation has been very fully tested by the writer in a large number of cases, and in a variety of uterine disorders; *e. g.*, chronic affections of the cervix, the cervical canal and the endometrium, uterine hypertrophy and subinvolution. It has been used both in its full strength and in various degrees of dilution with glycerine; sometimes two-thirds the above strength, sometimes one-half, one-third, and even one-fourth. The strength used has been determined, first, by the mode of application proposed; second, by the energy of the effect desired; and third, by the tolerance of the patient.

*Mode of Application.*—In some cases it has been used of full strength, and simply painted upon the cervical mucous membrane. In other cases, the whole vaginal cervix has been freely painted over, using a camel-hair pencil. More often a bit of lint cotton has been securely twisted upon the end of Budd's elastic probe, and having been saturated with the liquid, carried up to the os internum, once or twice rotated, to bring the liquid well in contact with every part of the cervical canal, and then withdrawn. At other times the elastic probe has been armed with cotton wound around it to

the size of a small uterine tent, or even a large tent, the cotton being secured by thread passed several times around it, and tied with ample ends to hang out at the vulva. The cotton was then saturated with the phenol and passed into the cervical canal, to remain for twelve or twenty-four hours, the probe having been withdrawn. In other instances, the cotton tent has been made still longer, the internal os dilated, and the saturated tent passed fully up to the fundus, there to remain for a like period of twenty-four hours. Many times these cotton tents have been allowed to remain until they were thrown off by the uterus, which has usually occurred in thirty-six to forty-eight hours. Sometimes the cervical canal has been dilated with sponge, and the interior of the uterus mopped out with the liquid on cotton secured upon the roughened end of the new aluminum probe. The latter instrument has been found to be absolutely safe against danger of leaving the cotton behind in the uterus. In a few instances, a lock of cotton has slipped from the elastic probe while in the uterine cavity, and remained for many days. It has always been thrown off by the uterus sooner or later, and no harm has resulted.

As a rule, the full strength of the formula has been used only to coat over the surfaces treated. When the saturated cotton tent has been allowed to remain, a weaker solution was used. There have been, however, a number of exceptional cases in which the full strength of the formula has been carried into the cervical canal upon a cotton tent fully saturated, and even up to the fundus itself, and allowed to remain for twenty-four hours. In these instances, it has been a little surprising to see the treatment so well borne as it has been.

Of the immediate effects of this treatment, it may be said that the pain inflicted, even by the strongest application, is for the most part very trifling, and in quite numerous instances absolutely none at all. In this respect it presents a striking contrast to the nitrate of silver. The carbolic acid, acting as a local anæsthetic, allows us to make powerful caustic applications of the iodine with little or even no pain. In most instances of its energetic application, the patient perceives, in from three to ten minutes, a decided flavor of iodine in the

mouth, thus experiencing the evidence of rapid absorption of the drug by the uterus. This is further proven by the observation that a large tent even, well saturated with the black opaque liquid, is often completely decolorized by the uterine absorption in the short space of twelve hours. In no case has any toxic effect occurred in consequence of the absorption of carbolic acid. That it is freely absorbed, along with the iodine, would seem to be proven by the fact that the odor of the acid is not to be perceived in the tent after withdrawal. The tent does not give rise to the offensive discharge which attends upon the use of sponge, nor is it itself offensive upon removal.

Of the more remote results it may be said, upon the third or fourth day, exfoliated membrane comes away in shreds or sheets, of more or less size, and in thickness corresponding somewhat to the energy of the application which has been made. Sometimes a cast of the cervical canal is seen, white in color, and of thickness so considerable as to remind one of glove kid. A discharge, more or less bloody, usually continues for one or two, sometimes three days. The applications are made ordinarily three times in the intermenstrual period, rarely oftener, sometimes but one or two each month. Under the use of the iodized phenol, excoriations and ulcerations of the os quickly heal, leucorrhœa is arrested, endometritis gradually yields and disappears; the uterine hemorrhages, which so often attend upon subinvolution, are controlled, and the uterus resumes its normal size and functions.

Whatever may have been the strength of the applications, stricture of the os and cervical canal, too often an unpleasant sequel to the use of nitrate of silver, has not resulted in any case. When applied to the cervix and cervical canal, in a caustic way, the reproduced tissue is normal and not cicatricial in character. It is believed that the very free absorption of iodine by the uterus, in this method of treatment, exerts a decidedly alterative influence over the diseased organ; and more than this, the iodine thus carried into the general circulation is highly beneficial as a constitutional remedy also. It may, therefore, be confidently asserted that iodized phenol should have a place amongst our topical applications to the diseased uterus.

# THE AMERICAN PRACTITIONER, 1877.

PUBLISHED AT

LOUISVILLE,  
BY  
JOHN P. MORTON & CO.

INDIANAPOLIS,  
BY  
YOHN & PORTER.

EDITED BY

DAVID W. YANDELL, M. D., AND THEOPHILUS PARVIN, M. D.

---

This journal, commenced in 1866 as the Cincinnati Journal of Medicine, is now in its twelfth year. Counting among its contributors many of the leading members of the American profession, it is conducted solely in the interests of its readers. Both in the variety and value of its original contributions, in its many illustrations, its reviews and clinical abstracts, and its superior paper and typography, THE AMERICAN PRACTITIONER challenges comparison with any monthly medical journal in the world.

We give below the Table of Contents of the January and February numbers, and earnestly urge upon physicians the claims of this journal for their support both as subscribers and contributors:

## Contents for January, 1877.

- On the Proper Treatment for Lacerations of the Cervix Uteri. By Thomas Addis Emmet, M. D.  
CEnothera Biennis—Its Medicinal Properties and Uses. By N. S. Davis, M. D.  
Delirium Tremens—A Clinical Lecture. By Lunsford P. Yandell, Jr., M. D.  
The Bandage in Thoracic Diseases. By Joseph G. Rogers, M. D.  
The Genu-Pectoral Position in Shoulder Presentation. By Theo. Parvin, M. D.  
A Case of Disease of the Pancreas. By Will M. Thornberry, M. D.  
Diseases of the Conjunctiva and Anomalies of Refraction. By J. P. Worrell, M. D.  
A Case of Intestinal Fistula. By Allison Maxwell, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.

## Contents for February, 1877.

- Results of Clinical Studies Relating to Phthisis. By Austin Flint, M. D.  
Considerations in Relation to Diseases of the Joints. By David Prince, M. D.  
Iodized Phenol—A New Uterine Escharotic and Alterative. By Robert Battey, M. D.  
Surgical Treatment of Epilepsy. By Graham N. Fitch, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.
- 

## Subscription Price, Three Dollars a Year.

*Specimen Numbers will be sent to any one remitting Fifteen Cents to the Publishers at Indianapolis or at Louisville.*

